

RILEY COUNTY-MANHATTAN HEALTH DEPARTMENT
2030 Tecumseh Road, Manhattan, KS 66502
(785) 776-4779, ext. 278

Log#_____ Date_____

Client# _____

Enc# _____

Paid: Ck#_____ Cr Card Cash

\$50.00 fee

APPLICATION:
PRIVATE WATER SUPPLY WELL

Well Site Address: _____
(Street) (City) (Zip Code)

Legal Description (copy may be attached): _____

Home Phone _____ Work Phone _____ Cell Phone _____ Date of Birth: _____
(statistical purposes only)

I, _____, whose present mailing address is:
(Print full legal name)

_____ do
(Street) (City/State) (Zip Code)

hereby apply to construct or operate a private water supply well to serve (circle one):

- a single family dwelling
- an irrigation system
- other, describe _____

which is or will be located on a tract described above.

Size of property: _____ acres Name of licensed water well contractor: _____

I hereby certify the information on this application is true and correct to the best of my knowledge and belief.

Date: _____ Signature of applicant _____

Well-construction site approved this _____ day of _____, _____ for a water well to serve:

Special Requirements: _____

by _____
(Health Officer)

PRIVATE WATER SUPPLY WELL USE PERMIT

Drilling log received, construction approved and permit hereby issued this _____ day of _____,
by _____
(Health Officer)